

FILED JUL 17 1943 318

1003

6196

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5058 Mardel Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 5058 Mardel Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Eickhoff,

3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Frederick Eickhoff 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5th, 1861.
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Sunkel

(b) Address 5058 Mardel Ave.

17. (a) Burial (b) Date thereof July 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul.

18. (a) Signature of funeral director Elizabeth Broe
(b) Address 6409 Gravois Ave.

19. (a) III (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th,
year 1943. hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 6 1943 to July 6 1943
that I last saw her alive on July 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm, by Dilated Aorta.

Due to Arterio-Sclerosis

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Julius Ch. Roller (M. D. or other) MD.

Address 2603 Cherokee Date signed 7-7-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Judith A. Ziegenfuss*
.....
Licensed Embalmer No. *2576*
.....

P. O. Address: *6409 Haven*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.